

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENOMENT		AFTER 2ND AMENOMENT			IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP		
1	1						51												
2		1					52												
3		2					53												
4		2					54												
5		2					55												
6		2					56												
7		0					57												
8		0					58												
9		0					59												
10		0					60												
11		2					61												
12		2					62												
13		0					63												
14		0					64												
15		0					65												
16		0					66												
17		0					67												
18		0					68												
19	1						69												
20	1						70												
21	1						71												
22		3					72												
23		3					73												
24	1						74												
25	1						75												
26	1						76												
27		3					77												
28	1						78												
29	1						79												
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42							92												
43							93												
44							94												
45							95												
46							96												
47							97												
48							98												
49							99												
50							100												
TOTAL IND.	8						TOTAL IND.												
TOTAL DEP.	33						TOTAL DEP.												
TOTAL CLAIMS	41						TOTAL CLAIMS												